

Combined Federal & State Tax Election Form

RETURN THIS FORM TO:

CITY OF HIALEAH EMPLOYEES' RETIREMENT SYSTEM

501 PALM AVE, 3rd FLOOR

HIALEAH FL 33010

Name: _____ Social Security No. _____

Address: _____

City: _____ State: _____ Zip Code: _____

State of Tax Withholding: FL

STATE ELECTIONS

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ I request that you withhold \$ _____ from my pension for state income tax.

☐ I request that you withhold state tax based on my marital status and number of exemptions

Marital Status: _____

Number of Exemptions: _____

☐ I want the following additional amount withheld from each pension or annuity payment.
Additional Amount: \$ _____

☐ I request that no tax be withheld from my distribution.

FEDERAL ELECTIONS

PLEASE CHECK APPROPRIATE BOX BELOW:

☐ I elect not to have income tax withheld from my pension or annuity.

☐ I elect to have a flat dollar amount withheld: \$ _____

☐ I want my withholding from each **periodic** pension or annuity payment to be figured using the number of allowances and marital status below:

Marital Status: ☐ Single

☐ Married

Number of allowances: _____

☐ I want the following additional amount withheld from each pension or annuity payment.
Additional Amount: \$ _____

Retiree Signature _____ **Date** _____